

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF OHIO**

**ECF FORM NO. 2**

**USER REGISTRATION**

**USER REGISTRATION AND APPLICATION FOR LIMITED PASSWORD  
FOR ELECTRIC CASE FILING SYSTEM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BAR ID: \_\_\_\_\_ STATE OF \_\_\_\_\_

BASIS FOR USER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS FOR  
ELECTRONIC CASE FILING SYSTEM: \_\_\_\_\_

I declare, under penalty of perjury, the following is true:

1. **Claims or Other Limited Use Application:** I am authorized to prepare and file proofs of claim on behalf of \_\_\_\_\_, and/or am authorized to prepare and file application(s) to withdraw unclaimed funds on behalf of \_\_\_\_\_, and/or am authorized to prepare and file notice(s) of transferred claims on behalf of \_\_\_\_\_, and/or am authorized to prepare and file proof(s) of claim and to appear on behalf of \_\_\_\_\_, a child support creditor, and/or am authorized to execute and submit reaffirmation agreements on behalf of \_\_\_\_\_, and/or am authorized to submit appraisals to the court.
2. I agree that use of the password to be obtained pursuant to this registration (my password) to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon and my signing of any declarations, verifications, proofs of claim, applications to withdraw unclaimed funds, notices and appearances, assignments of claims, reaffirmation agreements, or proofs of claim or other papers involving a child support creditor, or other papers or documents filed by use of my password, for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal Rules of Criminal Procedure, and any applicable local rules and non-bankruptcy law.
3. I agree that it is my responsibility to maintain in my records all documents bearing my original signature that are filed using my password, and all documents bearing the original signature of any signer on whose behalf I file documents using my password, for a period of four (4) years after the case or proceeding in which the papers are filed has been closed.

4. I agree that it is my responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to immediately notify the Court in accordance with ECF Procedure 2.
5. I agree that it is my responsibility to notify the Court, immediately, of any change in my address, telephone number, fax number, or email address.
6. I agree that by registering as a User, I waive the right to personal service or first class mail service, and I request and consent to electronic service via receipt of a "Notice of Electronic Filing" from ECF of all filed documents to which I am entitled, except with regard to a summons and complaint under Rule 7004 or an initial motion under Rule 9014.
7. I agree to adhere to the United States Bankruptcy Court for the Southern District of Ohio Administrative Procedures for Electronic Case Filing. I understand that it is my responsibility to learn and use any and all updates to the United States Bankruptcy Court for the Southern District of Ohio Administrative Procedures for Electronic Case Filing, and acknowledge I have undergone training by the office of the Clerk of the Bankruptcy Court or otherwise qualified as a User prior to issuance of my password.

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APPLICANT SIGNATURE

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DATE

For Court Use Only:

Approved By: \_\_\_\_\_

Password: \_\_\_\_\_ Date: \_\_\_\_\_